



1st Armored Division Claims Office



09-06

TORT CLAIM - FILING INSTRUCTIONS (ARMY REGULATION 27-20, CHAPTER 3)

This is a general guide - do not hesitate to discuss any questions you may have with the Claims Office personnel. We can be contacted at **DSN 337-4711** or 4715 or CIV **(0611) 705-4711 OR 4715**. **If you wish to submit a claim, please make an appointment or walk in on any Wednesday between 0830-1130 or 1300-1600 (except on German Holidays).**

Who may present a claim?

A proper party claimant is any U.S. military personnel (except for incident to service injury or death), U.S. Army civilian employees (except for incident to employment injury or death), dependent family members of military personnel, and contractor employees with “technical expert” status that receive logistical support.

NOTE: In Germany members and employees of sister services are proper party claimants under the single service responsibility (DOD Dir. 55158).

Where to present a claim?

Your claim must be presented to an agency or instrumentality of the Department of the Army. The claim may be presented to the Commanding Officer of the unit involved, the Legal Office of the nearest Army post, camp, or station, or other military establishment convenient to you. In a foreign country where no appropriate Commander is stationed, the claim may be submitted to any Attaché of the U.S. Armed Forces. Normally, however, your claim should be submitted to your local Claims Office.

Statute of Limitations

A claim may be settled under this chapter only if presented in writing **within two (2) years** from the date you knew or should have known of the damage or injury. Ask your Claims Office if you are uncertain as to how much time you have to file your claim.

NOTE: This **TWO YEAR** requirement is established by law - **IT CANNOT BE WAIVED!**

Documents Required For Your Claim

___ **Standard Form 95:** Claim for damage, injury or death, signed and dated (see attached sample). The amount claimed must be a specifically stated in U.S. dollars (the words “repair cost, lost wages, etc” is not a specific amount and does not satisfy this requirement). To ensure that your claim is properly filed, numbers 12a-d and 13a of the attached SF 95 must be completed. A claim will be considered filed only when the vital information has been supplied, in writing, by a person authorized to present a claim. The SF 95 and all other supporting documents should be signed in ink by the claimant or his/her duly authorized agent.

___ **Witness Statements:** If applicable.

Additional Documentation For Motor Vehicle Accidents

___ **Military Police Report Number**

___ **Copy of the USAREUR POV Registration**

___ **Estimate of Repair:** One estimate is normally sufficient, unless you are requested to obtain an additional estimate by the Claims Office. A list of local repair shops may be obtained from the claims office if needed. Estimates from local repair shops will include 16% Value Added Tax (VAT). This tax will **not** be paid because you can avoid paying the tax by processing the bill through the tax relief office.

Claimants have a duty to mitigate damage.

NOTE: Do not obtain a **professional opinion/appraisal (“German Gutachten”)**. Fees for professional opinions/appraisals are very expensive and will not be paid by the claims office. If a repair shop sends you to get such an expert opinion/appraisal (Gutachten), inform the repair firm that the U.S. Government does not authorize the use and will not pay for a “Gutachten”. Inform them that you need an estimate from a firm that actually performs repairs (professional appraisers do not perform repairs).

The cost of filing a claim is not payable under the Military Claims Act.

___ **Inspection of vehicle:** If operable, present your vehicle to the Claims Office for inspection of the damage. If not, indicate where the vehicle can be inspected.

___ **Other:**

ADDITIONAL DOCUMENTATION FOR PERSONAL INJURY OR WRONGFUL

DEATH:

___ Copy of all medical records

___ Medical information release form (HIPPA Information Disclosure Information and Authorization Form) attached

___ Any investigative report(s)

___ Any other substantiating information

Please attach to SF 95:

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 USC 552a)

AUTHORITY: 10 USC 939

PRINCIPAL PURPOSE: Investigation and processing of claims.

ROUTINE USES: Information is principally used to provide a legal basis for the administrative settlement of a claim against a soldier for property willfully destroyed or wrongfully taken. The Social Security Number is used to ensure correct identification of a claimant to ensure payment to the proper claimant. Furnishing your SSN will assist in claims investigation and facilitate payment of your claim if found meritorious for payment.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUALS NOT PROVIDING INFORMATION: DISCLOSURE OF INFORMATION IS VOLUNTARY. Failure to provide information substantiating a claim will delay action and may result in denial.

SSN: _____

Signature: _____